



2009 CONTRA COSTA COUNTY COMBINED CHARITIES CAMPAIGN



☐ Payroll deduction(s) for \$ _____ per month x 12 effective January 2010

☐ Check (attached) for \$ _____ = \$ _____

Total Annual Gift

Please make checks to agencies payable to the Federation with which it is affiliated. Include a separate check for each federation.

You may designate some or all of your gift generally to any Federation(s), specifically to any member charity(ies) or to any charity in the U.S. To make a gift to any individual charity(ies), please include the individual code number and/or agency name, the gift amount, and list it under the applicable Federation. The total payroll deduction pledge to any Federation and Affiliates must total \$1 or more per month (\$12/year). **Use ball point pen please!**

Code	Agency Name	Monthly Gifts	Subtotal
C-99	Community Health Charities of California	\$ _____	
		\$ _____	
		\$ _____	
Total pledges to Federation and Federation Affiliates			CHRTCH \$ _____



100	Bay Area Black United Fund	\$ _____	
		\$ _____	
		\$ _____	
Total pledges to Federation and Federation Affiliates			CHBABF \$ _____



A-001	EarthShare California	\$ _____	
		\$ _____	
		\$ _____	
Total pledges to Federation and Federation Affiliates			CHENVF \$ _____



L2000	Local Independent Charities	\$ _____	
		\$ _____	
		\$ _____	
Total pledges to Federation and Federation Affiliates			CHLICC \$ _____



	United Way of the Bay Area	\$ _____	
		\$ _____	
		\$ _____	
Total pledges to Federation and Federation Affiliates			CHRTUW \$ _____



Donor Choice Plan (Please make donor choice charity checks payable to Community Health Charities of California)

To designate to an agency not listed, please enter your choice in this section. The agency must be a qualified tax-exempt organization.

Agency _____

Address _____

City/State _____

Zip _____ Phone _____

CHSPAL \$ _____

Signature _____ Work Phone _____

Print Name _____ Date _____

Dept. Name & Number _____

Note: If you wish to be acknowledge by the Federation or Agency of your choice, please complete the following information below:

Home Address _____ City _____ Zip _____